



# LOS ANGELES COUNTY COMMISSION ON HIV

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## JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES September 3, 2008

Approved  
2/04/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Whitney Engeran, <i>Co-Chair</i>	Carrie Broadus	Julia Dudek	Douglas Frye	Carolyn Echols-Watson
Lee Kochems, <i>Co-Chair</i>	Jeffrey Goodman	Joanne Granai	Sophia Rumanes	Jane Nachazel
Kyle Baker	Dean Page	Howard Li	William Strain	Craig Vincent-Jones
Ruel Nollado	Chris Villa	Miki Jackson		
James Skinner	Tim Young	Rich Mathias		
Ron Snyder		Manuel Negrete		
Kathy Watt		Joey Terrill		
		Kimberlee Woods		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** JPP Committee Agenda, 6/4/2008
- 2) **Legislation:** Steve Grissom Relief Fund Act, National Ass. for Victims of Transfusion-Acquired AIDS, Inc. (NAVTA), 2008
- 3) **Release:** Federal Judge Orders Temporary Halt to Medi-Cal Payment Cuts, California Healthline, 8/20/2008
- 4) **Release:** Budget Proposals Fall Short on Medical Care for Americans with HIV/AIDS, Ryan White Medical Providers Coalition, 6/30/2008
- 5) **Release:** Khorrami, Pollard and Abir Files Class Action Civil Rights Lawsuit in Federal Court Against California Prisons for Failure to Properly Treat Inmates with Hepatitis C, NATAP, 7/8/2008
- 6) **Talking Points:** National HIV Incidence Estimates, California Department of Public Health, Office of AIDS, 8/3/2008
- 7) **Statistics:** HIV Incidence, CDC, 8/5/2008
- 8) **Summary:** California HIV Reporting Stakeholders, Meeting, 4/9-10/2008
- 9) **Brief:** Oppose AB 2899 as amended, 7/08/2008
- 10) **Matrix:** State Public Policy Issues Docket, 7/01/2008
- 11) **Flyer:** Condom Usage in the Adult Film Industry, 10/01/2008

1. **CALL TO ORDER:** Mr. Engeran called the meeting to order at 2:05 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve JPP Committee meeting minutes, as presented (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:**
  - Ms. Rumanes reported the HIV Prevention Planning Committee (PPC) was concerned about the voice of prevention at JPP. More PPC nonmembers plan to attend JPP meetings to foster better communication about policy issues discussed at the PPC and its subcommittees.
  - Mr. Kochems noted Kimberly Woods, Executive Director, Long Beach Gay & Lesbian Center, is applying to be a JPP Committee member. Tim Young has resigned from the PPC.
  - ➡ Mr. Engeran suggested developing a visual map of the JPP decision-making process and how it inter-relates to both the Commission and the PPC.

5. **COMMITTEE, NON-AGENDIZED:**

- ➔ The Committee agreed to vote on returning to a two-hour meeting at the next regularly scheduled committee meeting.

6. **STEVE GRISSOM RELIEF FUND ACT:** NAVTAA had requested the opportunity to present their material, but their speaker was unable to attend.

7. **STATE OF CALIFORNIA FY 2008-2009 BUDGET:**

- Mr. Mathias said the last two budget proposals voted did not include cuts to the HIV/AIDS portfolio. The Republican Caucus released an outline of their budget to be presented 9/4/2008. It did not cut HIV/AIDS health or safety, but did cut HIV education by \$1.3 million, altered Proposition 98, and addressed borrowing and bond issues.
  - Mr. Vincent-Jones added the Governor has said he would veto all bills until the budget was passed. SB 1184, CD4 Testing, was passed, but held at the speaker's desk of the originating house for fear it would be vetoed if sent to the Governor.
  - Bills that passed by majority vote had 30 days from the last day for bills, in this case 8/31/2008, to go to the Governor, and then another 30 days for signature. Bills passed by two-thirds vote, like SB 1184 had until November 15, i.e., 15 days prior to the legislature's Constitutional adjournment, to be sent to the Governor.
- A. **Medi-Cal Cuts:** The Republican Caucus outline did not include the 10% cut, but the Democratic proposal did. The court case ruling on a possible injunction was expected soon. The 9<sup>th</sup> Circuit Court would then affirm or overrule it
- B. **Corrections Costs:** There was no additional information.

8. **CY 2009 POLICY AND LEGISLATIVE AGENDA:** The item was postponed.

9. **CENTER FOR DISEASE CONTROL AND PREVENTION (CDC):**

A. **HIV Estimates:**

- Dr. Frye said that previously the Delphi Method had been used to estimate cases, but it is essentially educated guess. The new formula used for 2006 data is based on incidence reporting. Cases of those testing positive are weighted based on their testing history since those testing every two months are more likely to be identified earlier than those testing every five years. A diluted Enzyme-Linked ImmunoSorbent Assay (ELISA) test, requiring its own blood sample, identifies an acute case range.
- Incidence reporting is not mandatory in California as it is in some states with strong Health Officer authority. Mandatory reporting would help identify about 20% of California cases. In some other states, providers are required to send a blood sample of people testing positive to public health laboratories. That would also be beneficial in California, but could be a burden to providers who lacked phlebotomists. About 30% of LA County confirmatory tests are oral.
- California lagged behind other states due to its experiment with code reporting. The CDC initially allowed that data for reporting California incidence, but it was not included in national data. Last year, they chose not to accept it for either.
- Name-based reporting began two years ago, but it normally takes ten years to fully mature an incidence (new case) reporting system. Because LA County is combining it with prevalence reporting that includes viral load, it is hoped to cut the time for a mature system to five years. Retroactive reporting would also have speeded maturity of the system, but County Counsel advised against it, although other Eligible Metro Areas (EMA) are using it.
- The newness of the system makes the 2006 estimate unreliable for both the state in general and LA County in particular. The San Francisco estimate is somewhat better because—though they face some of the same problems—they have more surveillance resources for a smaller, more compact area. Dr. Frye said he had suggested to Dr. Jonathan Fielding that incidence reporting be made mandatory in LA County. That would, however, address only one problem in making data competitive.
- Traditionally, OAPP has estimated that LA County accounts for about 5% of the national incidence rate. Historically that has been from 1,500 to 2,000 cases. Applying 5% of the new CDC estimate to LA County would result in about 2,800 cases. While that could be a viable estimate, HIV Epidemiology prefers not to provide an estimate until the 2007 data is available, around January of 2009. LA County data will be added to the 2007 national estimate.
- The 2006 CDC estimate was based on data from 22 jurisdictions with multiple subgroups like ethnicity, public/private hospital, gender, and mode of exposure. Subgroup data was then extrapolated to create estimates for the other jurisdictions based on the makeup of their own population subgroups. This assumes that, for example, gay, white males in New York have a similar incidence as gay, white males in Los Angeles, which may or may not be true.
- The 95% confidence rate is standard. Those not falling within a 95% confidence interval indicate something unusual.
- The LA County prevalence data is more reliable than incidence data because all CDC requirements were followed. The CDC accepted each case reported and data is included in national numbers.

- Mr. Engeran noted that if the old incidence estimate was low for multiple years, then the prevalence rate would also be low. Dr. Frye agreed and noted that the demographics of LA County suggest that the LA County prevalence rate may also be higher than the national rate due to the rate of those unaware of their status. Dr. Frye said California would not be changing its estimates yet.
- Mr. Strain said the annual incidence history suggests that Highly Active Anti-Retroviral Therapy (HAART) does not reduce infection rates as had been presumed. Dr. Frye confirmed that the infection rate dropped before the introduction of HAART, which indicated that prevention was the key to reduced infection rates. That may also relate to infections passed on within the first few weeks, for example, since HIV is largely a sexually-related disease, rectal fluid viral loads may remain high even when HAART has lowered blood levels.
- Dr. Frye suggested incidence data could be improved with advocacy for CDC and state funding to support surveillance work such as reimbursing providers for their confirmation test costs, plus shipping and processing the tests. Ms. Rumanes suggested increasing funds to train people to provide the tests. Funds for ongoing surveillance work were needed, too.
- Dr. Frye recommended that the community, not just OAPP, encourage counseling and testing sites to ask history questions. Ms. Rumanes noted providers do not always appreciate the importance the data has on funding resources. Dr. Frye said Kaiser Permanente still refused to re-report code-based cases or allow HIV Epidemiology to match them.
- Reporting on the California Stakeholders Committee, data security and confidentiality was a priority topic. LA County reporting is collected via doubly encrypted, password-protected files across a secure transfer protocol, yet the state only accepts paper data. Reporting also needs to address how to integrate the unique HIV data with that of other reportable diseases. A stakeholders subcommittee is making progress on these issues.
- Another problem addressed by the stakeholders was different county protocols for laboratory reporting. It was agreed that laboratories should continue to deal directly with the large counties, but work through the state for smaller ones.
- There were divergent views on partner notification. Dr. Frye noted he was responsible for the surveillance system in LA County and kept the information at HIV Epi rather than sending data to another agency. Some felt notifications should be done at intervals for the life of the client, but others felt that an invasion of privacy. Mr. Kochems said his agency in Long Beach asks clients about it at every session and it has become routine. Some clients are reluctant to disclose in the first session, but become more open over time. Dr. Frye agreed that notification through the provider was the most effective technique.
- Ms. Rumanes said the CDC had merged HIV and STD notification guidelines, but the new one was written from a health department perspective. She said cities like Los Angeles were speaking up for their community model systems and the CDC was reviewing such systems to develop a best practices approach.
- Mr. Engeran said the website notification program response was very good initially, but had now stabilized at a lower level. They were, however, planning a new ad campaign. Dr. Frye pointed out there was a diminishing return on funds used for notification since some responded readily and others never did. Varying intensity layers were needed for different clients and to meet requirements of different states.
- Mr. Baker said that at the All Grantees meeting there was evidence that, as opposed to previous expectations, Ryan White was likely to be reauthorized rather than extended. It was probable those changes would remove provisions that allow estimates of cases from code-based data. That would make surveillance work even more critical.
- ➡ It was agreed to recommend that Dr. Jonathan Fielding use Public Health Department powers to require Kaiser to report.
- ➡ Mr. Baker announced that Congressman Henry Waxman was going to hold a Government Oversight Committee hearing on the CDC estimates on 9/16/2008. OAPP would be represented by written comments and a County advocate. Other written testimony was also likely to be accepted. He would keep Mr. Vincent-Jones updated on information for those who might like to attend or contribute written material.

#### **10. CONDOMS IN THE ADULT FILM INDUSTRY:**

##### **A. Hearing, October 1, 2008:**

- The revised flyer reflecting joint sponsorship by the Commission's JPP and PPC Committees was noted as a revision from the previous flyer.
- The JPP Committee Co-Chairs will moderate the hearing with committee members, including Ms. Woods, asking one question per panel.
- Committee members could speak as members of the public, but needed to leave the table to do so.
- The County does have a position and might be co-sponsoring legislation, so it is important to elicit as much information on all pertinent aspects of the subject as possible including not only HIV, but STDs, mental health, and economic factors.
- It was agreed to call up speakers in related groups of three or four, e.g., researchers, providers, producers, performers.

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- Mr. Vincent-Jones called attention to the difference between the previous corrections forum and this hearing. Forums are designed to develop support for a specific position while hearings are designed for fact gathering.
- While some suggested providing an introduction with, e.g., epidemiology data, Mr. Vincent-Jones pointed out that too formal of a presentation could derail the discussion by angering those with opposing views. Instead, he recommended arranging for a hearing by calling key speakers first, e.g., Peter Kerndt who could provide information from STD Control, and Sharon Mitchell, Adult Industry Medical Foundation (AIM), who would present the prevailing AFI views. Each of those would be given five minutes, rather than the standard two, to speak and could provide a PowerPoint presentation.
- Ms. Watt felt attendees were familiar with different types of meetings, so it was unnecessary to do much planning. Mr. Kochems recommended adding, "Written comments accepted," to the flyer. Mr. Strain suggested better defining the purpose of the hearing on the flyer.

11. **WORK PLAN:** There were no additional comments.

12. **PUBLIC POLICY ISSUES DOCKET:** The docket was in the packet.

13. **ANNOUNCEMENTS:**

- Ms. Granai reported Service Provider Area (SPA) 1 would hold its provider forum 9/11/2008, at 4:00 pm, at Palmdale Mental Health. Both those who were providing services or were considering providing services in the area were welcome. Ms. Granai added that the SPA had lost its October speaker on Methicillin-Resistant Staphylococcus Aureus (MRSA) and was seeking a replacement.
- Mr. Mathias reported that AIDS Project Los Angeles (APLA) and Global Forum were sponsoring a Congressional briefing on men having sex with men (MSM) and funding in conjunction with Congressman Waxman's office on 9/17/2008 in the Canon House Office Building.
- Mr. Vincent-Jones announced that the 9/11/2008 Commission meeting had been cancelled.

14. **ADJOURNMENT:** The meeting was adjourned at 4:15 pm.